

California Department Health Services  
Viral and Rickettsial Disease Laboratory

April 18, 2006

# Mumps Virus Specimen Collection Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Medical Rec #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

**Sex:** ☐ Male ☐ Female **Ethnicity:** ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

**Race:** ☐ White ☐ Black ☐ Asian/ Pacific Islander ☐ American Indian/Alaskan Native ☐ Unknown ☐ Other: \_\_\_\_\_

## Physician Information:

Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Pager/Phone: (\_\_\_\_) \_\_\_\_\_

Date of first symptom(s): \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Hospitalized or ☐ ER / Outpatient

If hospitalized, admit date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date: \_\_\_\_/\_\_\_\_/\_\_\_\_ If patient died, date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Clinical syndrome:

Swelling of parotid gland ☐ Yes ☐ No ☐ Unk

If yes, give date of onset of parotid swelling: \_\_\_\_/\_\_\_\_/\_\_\_\_

Swelling of sublingual or submaxillary glands ☐ Yes ☐ No ☐ Unk

Fever ☐ Yes ☐ No ☐ Unk

URI symptoms (e.g. cough, sore throat) ☐ Yes ☐ No ☐ Unk

Asymptomatic ☐ Yes ☐ No ☐ Unk

Other, please describe \_\_\_\_\_

## Complications (e.g, orchitis, meningitis/encephalitis):

## History of clinical mumps

(prior to current illness): ☐ Yes ☐ No ☐ Unk

## Vaccination History:

# of doses (lifetime) of mumps containing vaccine received: \_\_\_\_\_

## Vaccination Dates (if known):

\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

## Reason if not vaccinated:

\_\_\_\_\_

## Exposures/Travel within 4 wks of onset (specify details):

Traveled outside of California: ☐ Yes ☐ No ☐ Unk

If yes, where: \_\_\_\_\_

Contacts/exposures: \_\_\_\_\_

Disease suspected or test requested:

	Specimen type and/or specimen source	Date Collected
1 <sup>st</sup>		

	Specimen type and/or specimen source	Date Collected
2 <sup>nd</sup>		

	Specimen type and/or specimen source	Date Collected
3 <sup>rd</sup>		

## Submitter's Complete Mailing Address

**This section for Virus Laboratory use only.**  
**Date received by VRDL and State Accession Number**

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

Carol Glaser, DVM, MD, Chief  
Viral and Rickettsial Disease Laboratory  
Division of Communicable Diseases  
California Department of Health Services  
850 Marina Bay Parkway  
Richmond, CA 94804  
phone (510) 307-8585 fax (510) 307-8578

Route to:

[ ] SERO  
[ ] ISOL  
[ ] FA  
[ ] RAB  
[ ] EM

[ ] BE  
[ ] LC  
[ ] \_\_\_\_\_

[ ] \_\_\_\_\_  
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[ ] E IgM  
[ ] E PCR  
[ ] H PCR  
[ ] C PCR  
[ ] \_\_\_\_\_  
code:

**FAX this form: (510) 307-8599 or MAIL to: CDHS VRDL, 850 Marina Bay Parkway, Richmond CA 94804**

For questions regarding testing or specimens, call Erica Boston (510) 307-8503

## **CDHS Viral and Rickettsial Disease Laboratory (VRDL) Specimen Collection Guidelines for Mumps Virus Testing**

The CDHS Viral and Rickettsial Disease Laboratory (VRDL) encourages submission of specimens from suspected cases of mumps in California. Laboratory diagnosis can be made either by isolation of mumps from urine and/or respiratory specimens or serologic testing.

Appropriate specimens for testing include:

- a. Respiratory specimen; optimal sample is a buccal oral swab transported in 2-3 mls viral transport media (VTM). To obtain a buccal sample, massage the parotid gland area (the space between the cheek and teeth just below the ear) for about 30 seconds prior to collection of the buccal secretions. Use a dacron swab and rub the inside of the right cheek for about 10 seconds with the swab head, then repeat on the left cheek. Ensure that the swab is moist with saliva. A throat or nasopharyngeal swab can also be collected and added together with the buccal swab. Collect as soon as mumps is suspected up to as long as nine days after onset of symptoms.
- b. Urine; at least 20cc collected in a specimen collection cup via clean-catch or bag urine (for pediatric patients) during acute phase of illness. Collect as soon as mumps is suspected up to as long as 14 days after onset of symptoms.
- c. Acute serum for IgM<sup>1</sup>. The optimal time of collection is as soon as mumps is suspected. If initial testing is negative, then a convalescent serum sample should be collected; a significant rise in mumps IgG in paired acute and convalescent sera drawn two weeks apart is indicative of active mumps infection.

At a minimum, both urine and respiratory specimens should be collected. Collection of serum samples in pediatric patients is **optional**.

Specimens should be stored at 4°C and shipped on wet ice or cold pack as soon as possible.

- Respiratory specimens can be held at 4°C for 48 hours before shipping. Otherwise, the specimens should be frozen at -70°C and shipped on dry ice.
- Ideally, urine specimens should be sent within 24 hours of collection. Otherwise, urine should be centrifuged at 2,500 times g for 15 minutes at 4°C to pellet the sediment. The sediment should then be resuspended in 2-3 ml of VTM or any cell culture medium and shipped at 4°C. If the pelleted specimens cannot be shipped within 48 hours, the pellet should be frozen at -70°C and shipped on dry ice, if necessary.

<sup>1</sup> False-positive IgM results by commercial immunofluorescent antibody assays have been reported. If the suspected case has received one or more doses of MMR, missing, delayed or transient IgM responses may also be seen. VRDL utilizes an in-house developed enzyme immunoassay (EIA) for serologic testing for mumps; there are currently no FDA-approved EIAs for detection of mumps IgM antibody.

**Please contact VRDL [Erica Boston: (510) 307-8503]  
for further instructions.**